

AUG 5 1915

VOL. ~~XIII~~ ^{VIII} Old Series XXXVI

NO. 8

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

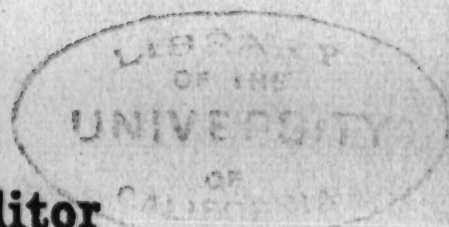
AUGUST, 1915

O. C. WELBOURN, A. M., M. D., Editor

PUBLISHED BY THE CALIFORNIA ECLECTIC MEDICAL COLLEGE, AND DEVOTED TO THE
DEVELOPMENT AND WELFARE OF ECLECTIC MEDICINE ON THE PACIFIC COAST

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

"ENTERED AS SECOND-CLASS MATTER JAN. 23, 1909, AT THE POST OFFICE AT LOS ANGELES, CALIFORNIA
UNDER ACT OF MARCH 3, 1879."



THE failure of European supplies of petrolatum, coupled with an increased demand, has caused great confusion in the trade; and although the market is flooded with liquid petrolatum, much of it is unfit for medicinal use.

There is no necessity for taking chances, as we supply a *heavy colorless liquid petrolatum of American origin*, which we guarantee in every respect. It is remarkably high in viscosity and lubricating power. It is absolutely *pure and tasteless*, and fully equal to the best Russian oil formerly imported. We market it under the name of

AMERICAN OIL

This liquid petrolatum is highly commended in the treatment of constipation. It has a soothing, lubricating effect on the mucous membrane of the bowel, relaxing the parts, relieving tension and diminishing pressure on the tissues, protecting inflamed surfaces and restoring normal peristalsis.

NOTE.—For physicians who prefer it, we also supply an oil of lighter specific gravity under the designation of "Liquid Petrolatum, Colorless." Like our American Oil, it is extracted from American Petroleum, and is guaranteed to be pure, colorless, odorless and tasteless.

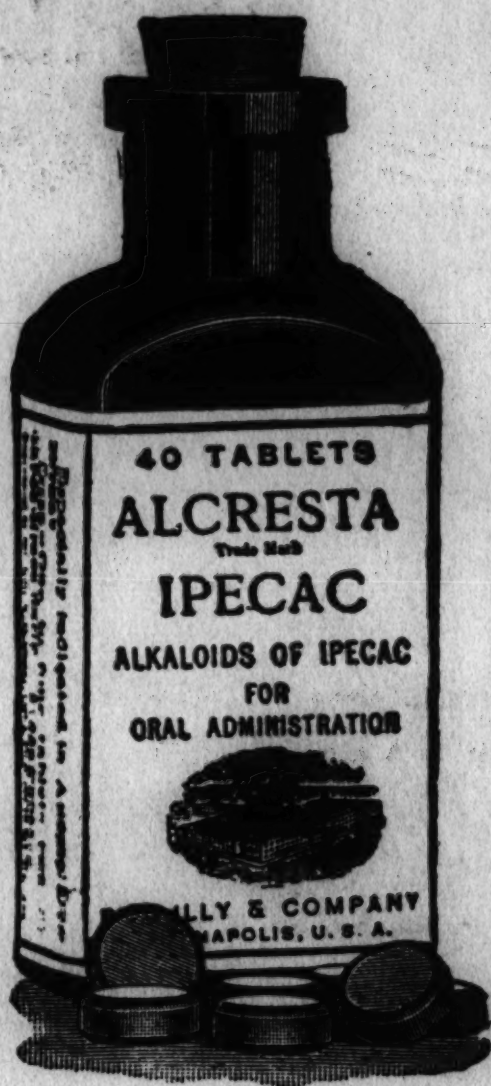
SPECIFY "P. D. & CO." IN PRESCRIBING.

Home Offices and Laboratories, Detroit, Michigan.

PARKE, DAVIS & CO.

AN EFFICIENT ENDAMEBICIDE

ALCRESTA IPECAC, LILLY



An Adsorption Compound of Ipecac Alkaloids with Lloyd's Reagent, Hydrated Aluminum Silicate.

Alcrestal Ipecac is an Efficient Endamebicide in Amebic Dysentery and Pyorrhea Alveolaris.

Causes no Nausea; Obviates the Necessity of Hypodermatic Injections. Convenient and Economical. The most Successful Treatment of Amebic Dysentery and Pyorrhea by Internal Medication.

Physicians are prescribing it extensively. Supplied through the drug trade in bottles of 40 and 500 tablets. Each tablet contains the alkaloids of 10 grains Ipecac, U. S. P.

*For further particulars address
the Home Office*

ELI LILLY & COMPANY

Home Office and Laboratories—INDIANAPOLIS, U. S. A.

NEW YORK

CHICAGO

ST. LOUIS

KANSAS CITY

NEW ORLEANS

Summer-Time

and

Sun-Burn—



Dermatitis Calorica, Dermatitis Venenata, and similar inflammations of the skin, peculiarly prevalent at this season of the year, call for

Directions: — Always heat in the original container by placing in hot water. Needless exposure to the air, impairs its osmotic properties—on which its therapeutic action largely depends.



applied thick, and, in Burns, especially—COLD.

Antiphlogistine, in the regular routine of practice is applied Hot. This is because moist heat continuously applied in congested states, quickly restores normal circulation

—the **first step** in the reparative process in all inflammations. **Cold** Antiphlogistine is more agreeable in the **early** treatment of Burns.

Physicians should WRITE "Antiphlogistine" to AVOID "substitutes"

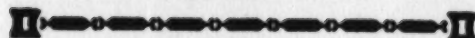
"There's Only One Antiphlogistine."

MAIN OFFICE AND LABORATORIES

THE DENVER CHEMICAL MFG. CO., NEW YORK, U. S. A.

Branches:
LONDON, SYDNEY, BERLIN, PARIS, BUENOS AIRES, BARCELONA, MONTREAL

Specific Medicine Gelsemium Red



We consider the Crowning Pharmaceutical Success in the line of a Gelsemium preparation to be the elegant Specific Medicine, **Gelsemium Red**.

Characteristics. This preparation has the following characteristics. It is of a rich crimson color, and can not be mistaken for a common fluid. It has no unpleasant odor, being practically odorless. It does not change in quality from age, neither precipitating nor undergoing other alteration. In medicinal proportions it mixes without precipitation with water, glycerin, syrup, simple elixir, dilute alcohol, or other ordinary prescription diluents. It possesses the full therapeutic properties of fresh Gelsemium, without such objectionable products and by-products as may be found in ordinary preparations of the drug.

The dose is the same as that of the old style Specific Medicine Gelsemium, that stood for decades as a standard. However, its cleanness and clearness, its perfect dilution without precipitation, and its ready assimilation, makes Gelsemium Red exceptionally attractive, effective, and pleasing to the patient.

A Beautiful Experiment. To a half tumbler of clear water, add one fluid drachm (or less) of Specific Medicine Gelsemium Red. There will be no precipitate. Add now half a teaspoonful of baking soda. A beautiful, fluorescent, ultramarine blue color results.

Specific Medicine Gelsemium Red is made by means of the recently discovered **Lloyd's Reagent**, which enables us to exclude the inert coloring matters of the crude root. The preparation carries the full therapeutic qualities of the drug, (alkaloid and otherwise), and it is, in every wise, a **perfect pharmaceutical compound**.

Commendations. In a therapeutical sense, the reports of physicians who have used Gelsemium Red speak for themselves. These reports will be printed soon and mailed on request. They are of exceptional value, because of the great experience of their authors in the direction of the clinical use of Gelsemium in disease. Within a year thousands of physicians, in even stronger terms, will commend Gelsemium Red to their brother practitioners. The stocks of all jobbers are now being supplied with "Gelsemium Red," at the usual list price of Specific Medicine Gelsemium. (Send for descriptive pamphlet).

December 1, 1914.

LLOYD BROTHERS,
Cincinnati, Ohio.

STILL SUPREME

After being subjected to the most rigid clinical tests by a generation of physicians,



still maintains its position of pre-eminence among cod liver oil products.

PALATABLE-EASILY ASSIMILATED

FREE FROM GREASE AND THE TASTE OF FISH

EACH FLUID OUNCE OF HAGEE'S CORDIAL OF THE EXTRACT OF COD LIVER OIL COMPOUND CONTAINS THE EXTRACT OBTAINABLE FROM ONE-THIRD FLUID OUNCE OF COD LIVER OIL (THE FATTY PORTION BEING ELIMINATED) 6 GRAINS CALCIUM HYPOPHOSPHITE, 3 GRAINS SODIUM HYPOPHOSPHITE, WITH GLYCERIN AND AROMATICS.

Supplied in sixteen ounce bottles only.

Dispensed by all druggists.

Katharmon Chemical Co., St. Louis, Mo.

KATHARMON is peculiarly adapted for treating mucous membranes.

Katharmon
Chemical Co.
ST. LOUIS, MO.

KATHARMON represents in combination Hydnast, Chondrus, Thymus Vulgaris, Mentha Arvensis, Physalis Decandra, 104 grains Acid Boracaliglic, 24 grains Sodium Pyruvate to each fluid ounce of Pure Distilled Extract of Witch Hazel.

SUBSCRIBE NOW

Please sign your name on this page, tear it out and mail to us at once.

Inclosed you will find \$1.00 for subscription to The California Eclectic Medical Journal for one year to begin with your next issue.

Name

Address

(Or) Enter my subscription to The California Eclectic Medical Journal "until forbidden" and I will pay your bill of \$1.00 when rendered.

Name

Address

**IN THE DELIRIUM AND RESTLESSNESS
OF TYPHOID**

and other acute infections,

PASADYNE

(DANIEL'S CONCENTRATED TINCTURE
OF PASSIFLORA INCARNATA.)

should be the soporific of choice, firstly, by reason of its positive soothing properties, and secondly, because no depression follows its administration.

IT HAS NO CONCERN WITH THE HARRISON ACT.

SAMPLES AND LITERATURE SUPPLIED TO PHYSICIANS PAYING EXPRESS CHARGES.

Laboratory of JOHN B. DANIEL, Atlanta, Georgia.

MEXICAN DRUGS

The warlike disturbances in old Mexico are responsible for many troubles of manufacturers and importers of botanical drugs. Mexico is the source of quite a number of our medicinal plants, and some of these are practically unobtainable. It seems to be unsafe for the peons, who usually work under the supervision of a professional collector, to venture far away from settlements, and even when they succeed in gathering a shipment there is no guarantee that it will ever reach the border, there is no guarantee that it .e
border. For more than twenty years *Cereus Grandiflorus*, used in the manufacture of Cactina Pillets, has been cut on the mountain slopes of the Vera Cruz range, situated in the state of Tamaulipas. The Sultan Drug Company states that very few shipments have found their way into the United States, and at one time they were greatly concerned about the safety of one of their collectors, an American who has lived in Mexico many years. For some time past the Sultan Drug Company has been carrying at least a year's supply of *Cereus Grandiflorus* ahead, as the dangers of this unsettled condition were anticipated.

How to Collect A

Doctor Bill

A book that tells how the author collected 90 per cent of his accounts in twelve years' practice. It tells

HOW TO GET THE MONEY AND NOT LOSE THE PRACTICE

The only work of that kind giving forms for order-notes, corporation records, guarantee cards, statements, legal pointers, and form letters that get results and do not insult the debtor. This little book

**WILL BE WORTH \$50.00 TO ANY
PHYSICIAN**

who reads and follows the advice given. The edition is limited. We are sending the book free to all who send \$1.00 for a year's subscription to the one journal that teaches that

Do It Now, Doctor. Address with the dollar

**DAVIS' MAGAZINE
OF MEDICINE**

ENID,

OKLA.

The Eclectic Review

*An Independent Monthly Journal De-
voted to Eclectic Medicine
and Surgery.*

GEORGE W. BOSKOWITZ, M. D.
New York City, Editor

A special department in Ma-
teria Medica and Therapeutics,
edited by John W. Fyfe, M. D.,
Saugatuck, Conn. Subscription
price One Dollar a year. Send
for sample copy, advertising
rates, etc., to

George W. Boskowitz, M. D.

Editor and Publisher

242 W. 73rd St., New York City

GLYCO= THYMOLINE FOR CATARRHAL CONDITIONS

Nasal, Throat

Intestinal

Stomach, Rectal

and Utero-Vaginal

KRESS & OWEN COMPANY

361-363 PEARL ST.

NEW YORK

Eclectic Medical College

In view of the fact that twenty-eight State boards now require a pre-medical college course of matriculates in medicine, the ECLECTIC MEDICAL COLLEGE has decided to adhere strictly to the following course of study. *Prior* to beginning the pre-medical work, each student must secure an Ohio Medical Student's Certificate of K. D. Swartzel, Examiner for the Ohio State Medical Board, Columbus, Ohio.

PRE-MEDICAL COLLEGE YEAR

(in the Ohio Mechanics Institute, Cincinnati, O., or other standard literary college or university).

Physics,
Inorganic Chemistry,

Biology,
A Modern Language.

FRESHMAN MEDICAL YEAR

Anatomy,
Embryology,
Histology,

Physiology,
Organic Chemistry,
Pharmacology.

SOPHOMORE MEDICAL YEAR

Anatomy,
Physiology,
Physiological Chemistry,
Bacteriology,

Pathology,
Materia Medica and Therapeutics,
Specific Diagnosis,
Hygiene and Sanitation.

JUNIOR MEDICAL YEAR

Clinical Microscopy,
Surgical Anatomy,
Physical Diagnosis,
Practice of Medicine,
Materia Medica,
Surgery,
Eye, Ear, Nose and Throat,

Obstetrics,
Medical Gynecology,
Pediatrics,
Tuberculosis Hospital Course,
Health Dept. Co-operative Course,
Seton Hospital Clinics.

SENIOR MEDICAL YEAR

Practice of Medicine,
Surgery,
Obstetrics,
Gynecology,
Mental and Nervous Diseases,
Pediatrics,
Eye, Ear, Nose and Throat,

Medical Jurisprudence,
Electro-therapy,
Dermatology,
Genito-Urinary Diseases,
Clinics and Bedside Instruction, Cincinnati Hospital,
Longview Hospital Course.

For BULLETINS and more detailed information, address

JOHN K. SCUDDER, M.D., *Secretary*,
630 West Sixth Street,
Cincinnati, Ohio.

*In Functional Disorders of the Liver***CHIONIA**

has repeatedly proven its efficiency, and when cholagogue action or hepatic stimulation is desired without catharsis or systemic depression, it is the one remedy to rely upon.

DIRECTIONS—One to two teaspoonfuls, in water, three times a day.

PEACOCK CHEMICAL CO., St. Louis

FOR A GENERATION

A generation of medical men have subjected Cord. Ext. Ol. Morrhuæ Comp. (Hagee) to the most exacting clinical tests, and such tests show it to possess nutritive properties of a high order. In view of its added advantage of palatability, it may well be said that Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is entitled to a front place among reconstructives. This latter feature adapts it particularly for administration to females and children.

The Latest Eclectic Books

Specific Diagnosis and Specific Medication. By John William Fyfe, M.D. An entirely new work, based upon the writings of the late Prof. John M. Scudder, with extensive extracts from other Eclectic authors. 8vo, 792 pages, cloth, \$5.00; law sheep, \$6.00.

Physical Therapeutic Methods. By Otto Juettner, M.D. Third edition. 8vo, 650 pp. Fully illustrated. Cloth, \$5.

Diseases of Children. By W. N. Mundy, M.D. 8vo. Over 500 pages, fully illustrated. \$3.00.

The Eclectic Practice of Medicine. By Rolla L. Thomas, M.D. 8vo, 1033 pages, fully illustrated in colors and black. Second edition. Cloth, \$6.00; sheep, \$7.00; postpaid.

Essentials of Medical Gynecology. By A. F. Stephens, M.D. 12mo, 428 pages, fully illustrated. Cloth, \$3.00, postpaid.

Diseases of the Digestive Organs. By Owen A. Palmer, M.D. 8vo, 524 pages. Cloth, \$3.00.

Treatment of Disease. By Finley Ellingwood, M.D. Two volumes. 8vo, 1100 pages. Cloth, \$6.00 per set, postpaid.

Materia Medica and Therapeutics. By Finley Ellingwood, M.D. Sixth revised edition. 8vo, 311 pages. Cloth, \$5.00.

Diseases of the Nose, Throat and Ear. By Kent O. Feltz, M.D. 12mo, 700 pages, fully illustrated. Cloth, \$3.50, postpaid.

A Handy Reference Book to Specific Medication. By J. S. Niederkorn, M.D. 16mo, pocket size, 151 pages. Flexible leather, \$1.00.

Practical Surgery. By B. Roswell Hubbard, M.D. A new work—diagnostic, therapeutic and operative. 8vo, fully illustrated. 1300 pp. Cloth \$6.

The California Eclectic Medical Journal

819 Security Bldg.

Los Angeles, Cal.

SAL HEPATICA

The Ideal

Saline

Eliminant

In

Rheumatic

Conditions

Bristol-Myers Co.

New York



CALIFORNIA ECLECTIC MEDICAL JOURNAL

A monthly journal devoted to the development and welfare of Eclectic Medicine on the Pacific Coast and publishing the lists of questions asked by Board of Medical Examiners of the State of California. ::

PUBLISHED BY
THE CALIFORNIA ECLECTIC MEDICAL COLLEGE

ONE DOLLAR PER YEAR

Address all communications to

CALIFORNIA ECLECTIC MEDICAL JOURNAL

818 Security Building

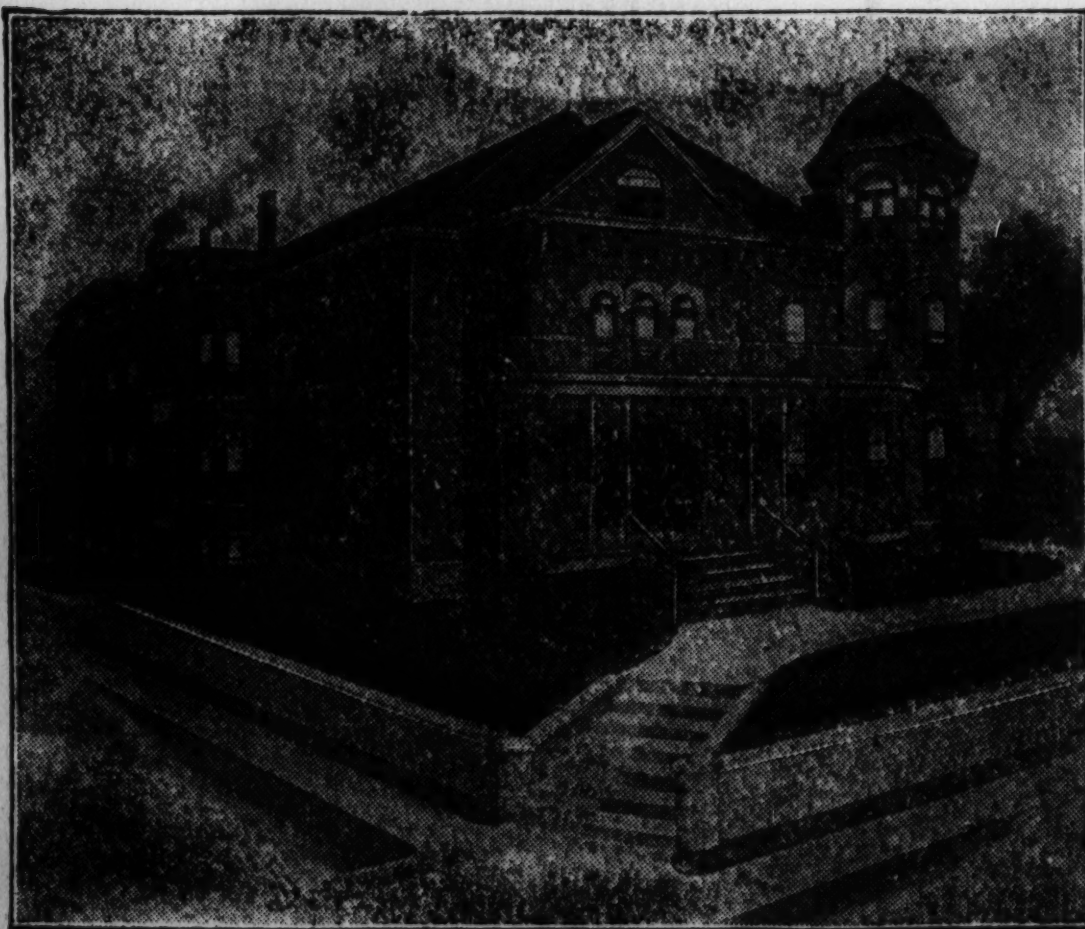
::

::

::

LOS ANGELES, CALIFORNIA

WRITE FOR FREE SAMPLE COPIES



The Ralph Sanitarium

For the Treatment of

Alcoholism and Drug Addictions

THE method of treatment is new and very successful. The withdrawal of the drug is not attended by any suffering, and the cure is complete in a few weeks' time. The treatment is varied according to the requirements of each individual case, and the restoration to normal condition is hastened by the use of electricity, massage, electric light baths, hot and cold tub and shower baths, vibratory massage, and a liberal well-cooked, digestible diet. A

modern, carefully conducted home sanitarium, with spacious surroundings, and attractive drives and walks. Electro- and Hydro-therapeutic advantages are unexcelled. Trained nurses, hot water heat, electric lights. Special rates to physicians. For reprints from Medical Journals and full details of treatment, address

DR. B. B. RALPH

529 Highland
Avenue

Kansas City, Mo.



The National Eclectic Medical Association button is now ready for delivery to members only. It has solid gold and enamel front and movable plated back. Sent to members only on receipt of one dollar, by John K. Scudder, M.D., 630 West Sixth Street, Cincinnati, Ohio. If you are not a member of the National, write the organizer, Wm. N. Mundy, M.D., Forest, Ohio, for blank application and particulars.

A VALUABLE MECHANICAL LAXATIVE

In view of the many varieties of liquor petrolatum with which the drug market abounds, and the questionable quality that distinguishes much of it, physicians will welcome the announcement that Parke, Davis & Co. are supplying a product, under the designation of American Oil, that bears a substantial guaranty of purity and efficiency.

American Oil, P. D. & Co., which is distilled from American Petroleum, is a product of high specific gravity and great lubricating power. It is tasteless, colorless and odorless, and is guaranteed to be free from sulphur compounds, acids, alkalies and all harmful by-products.

American Oil is not a purgative. Neither is it a laxative in the general sense of stimulating the bowel by local irritation. Its function is that of an intestinal lubricant. It passes in toto through the alimentary tract, not a particle of it being digested or absorbed. It mingles with the food in the stomach and upper intestinal tract, with the result that the feces become thoroughly lubricated and pass through the lower bowel more rapidly than they otherwise would and are expelled from the colon more promptly and with greater ease. Not the least valuable feature of this liquid petrolatum is its protective effect on the stomach and intestine, it being well known that abrasions or irritations of the mucous surfaces permit bacterial infection and general toxemia.

American Oil may be taken with a pinch of salt or a dash of lemon juice, if the patient so desires, or it may be floated on a glass of water, wine, milk or other beverage. The dose recommended for adults is one or two tablespoonfuls morning and night, before or after meals, for the first two or three days. Later the amount may be diminished. To insure against possible mistakes, physicians will do well to specify "P. D. & Co." on their prescriptions.



From a Loggia Overlooking the Prado, San Diego

SALVITAE AND SALUGEN

THE CONSTITUTIONAL ELEMENT

Proper appreciation of the importance of the constitutional element in such dental affections as pyorrhea alveolaris and gingivitis is responsible for the wide-spread esteem and employment of

SALVITAE

Salvitae is of inestimable service in dental affections of constitutional origin, because it corrects those metabolic disturbances which lead to the deposition of salivary and serumal concretions. In consequence of its stimulating influence on the excretory channels, the elimination of the products of combustion is complete.

The remedial action of Salvitae in dental disorders of constitutional origin is, of course, augmented by the conjunctive employment of a local agent capable of effecting oral prophylaxis.

Destruction of pathogenic micro-organisms, prevention of fermentative processes, stimulation of peridental structures and maintenance of oral prophylaxis is best accomplished by the use of

SALUGEN

Salugen is an exceptionally powerful and absolutely harmless antiseptic, deodorant, detergent, disinfectant and prophylactic.

LITERATURE AND SAMPLES WILL BE SENT PREPAID, ON REQUEST.

AMERICAN APOTHECARIES COMPANY
ASTORIA, GREATER NEW YORK.



View of Involved Submaxillary and Sublingual Glands



MIKULICZ'S DISEASE
View of Involved Post-Auricular Glands

The California Eclectic Medical Journal

Vol. VIII.

AUGUST, 1915

No. 8

Original Contributions

MIKULICZ'S DISEASE

Clinical Report of a Case with Presentation of the Patient

J. Fraser Barbrick, M.D.

(Read before Southern California Eclectic Medical Association)

While a rare or infrequent disease has not the practical value to the general practitioner of the more common conditions, I think the one I will present to you today will interest you from a practical as well as a scientific standpoint. Many of you know the patient, but to those who do not, I will introduce Dr. H. L. Freedman of Los Angeles.

History: Leaving out unnecessary details, the history of the case is as follows: Family history negative; personal history good; no bad habits; does not drink or smoke. No specific disease. General health always good. Present health good. Age, fifty-one. Weight, 172 pounds. Wasserman negative. Blood findings normal. Physical examination: Heart and lungs, etc., negative. Inspection shows a bilateral enlargement in the infra-mandibular and upper cervical regions extending from the lobe of the right ear to over the Mastoid process of the left side. The masses have a firm, somewhat elastic feel; are nodular or rather lobulated, and numerous scars show where incisions have been made in the various operations the patient has undergone. The doctor states that he noticed the enlargement first over the left Mastoid in 1885 after a slight injury. It was painless and gave no discomfort, but gradually extended downward under the lobe of the left ear and forward under the angle of the jaw on the left side and increased in size until its presence became more or less embarrassing and led him to seek relief by having it removed. This was done by Guerstner at the Mount Sinai Hospital, New York City, in 1892. Up until then only one side seemed to be affected, but

from that time on, both sides gave more or less evidence of trouble, the enlargements increasing and decreasing from time to time without any obvious reason for the exacerbations and remissions. The next thing noticed was a lack of the salivary secretions and a consequent dryness of the mouth with an extension of the swelling to the parotid regions, and as the Doctor had now taken up the study of medicine, he sought the advice of his professors and was next operated on by Hipp, of Chicago who, in 1902 removed the left submaxillary gland. Later in 1906 and 1907 Dr. John Dill Robertson, then Professor of Surgery in Bennett Medical College, Eclectic at that time, removed the submaxillary gland of the right side and the sublingual gland of the left side. These more radical and extensive operations than the preceding ones were followed by a more or less quiescent stage, and for over seven years the Doctor gave the disease little thought, attention or treatment. The winter of 1914 brought quite a violent and prolonged exacerbation of the ailment, the enlargement on the right side now becoming very pronounced and speech and facial and tongue movement being noticeably impaired. In August, 1914, he went to Rochester, Minnesota, where Dr. Chas. Mayo operated on the right side, removing a large lobulated mass through an excision extending from under the lobe of the right ear to the location of the sublingual gland of the left side, at the same time treating the left side while there with X-ray and radium. The operated right side was greatly improved, but the left seemed uninfluenced by the probably too short period of X-ray and radium treatment. The first of this year, as speech and mouth and tongue movements again showed signs of impairment on account of enlargements on the left side, the Doctor persuaded me to try my hand on him, and I operated on the left side the 24th day of January, 1915, removing a mass three and a half by two and a half by three-quarters inches, extending from beneath the parotid gland to the angle of the mouth. While this operation did not add to the Doctor's appearance, it did influence quite favorably speech and lip, face and tongue movements and withal has had a satisfactory influence on the condition. In addition to these surgical measures the Doctor has tried internal medicine, but without results.

Diagnosis and Prognosis: So much for the history and treatment of the case. Now for the diagnosis. At first sight this might seem easy, as it is self-evident by the clinical findings that we have here a glandular enlargement of a chronic non-inflammatory and benign character. But careful analysis

of the case shows that it is not one of ordinary enlargement of the glands of these regions, nor does it have the form, feel, appearance, location or action of the ordinary benign tumors with which we are familiar. Therefore, to help you, I will give you the following brief data and we will see how nearly the case before us compares with Mikulicz's Disease and whether we are justified in classing it as an example of that ailment.

In 1888 and 1892 Mikulicz or more properly, Von Mikulicz, a Polish surgeon in Breslau, described a condition of chronic bilateral enlargement of the lachrymal and salivary glands occurring without obvious cause in a previous healthy man of forty-seven. Since then others have reported cases bearing more or less similarity to the original Mikulicz case, all having at least the characteristic peculiarity of a bilateral enlargement of the salivary and lachrymal glands, occurring together or separate, and painless. Mikulicz's typical case, so far as we know, showed these glandular enlargements without involvement of the lymph glands and without blood changes. But other cases have been reported not strictly conforming to the original type, and therefrom has arisen the so-called Mikulicz' syndrome which covers all stages, gradations and modifications and, we might say, includes all the mixed and complicated cases between the strict type and such diseases as leukaemia and lympho-sarcoma. Campbell-Howard (with probably Lintz as a good second) has perhaps given us the most exhaustive work on this subject, and he classifies the syndrome as follows:

1. Mikulicz's Disease Proper (strict type);
2. Mikulicz's Disease with Pseudo-Leukaemia;
3. Mikulicz's Disease with Leukaemia.

In the first group he places all cases of the strict type, that is, cases with enlarged special glands, but without blood or lymphatic changes, and running a chronic benign and non-inflammatory course.

To the second group he adds those showing involvement of the lymph glands and often of the spleen, but without blood changes except perhaps some lessening of the hemoglobin. While the majority of cases in this group also run a benign course, a fatal termination may occur, or such cases may pass into group number three, in which he places all cases showing in addition to the typical glandular enlargements, a true leukaemic blood picture, with its corresponding unfavorable prognosis both as to course and termination.

From the foregoing I think we can safely class Dr. Freed-

man's case as belonging to the Mikulicz category, even though in some respects it may depart from the strict type of the disease; and from the history, clinical symptoms and blood findings it can surely be placed in the aleukaemic group, with a corresponding good prognosis.

Etiology and Pathology: While the etiology of this peculiar condition is as yet not definitely known, the pathology has been pretty clearly demonstrated as that of a hyperplasia of the glands in consequence of an infiltration and replacement of the normal gland structures by lymphoid tissue, this again being slowly replaced by a low form of connective tissue. Dr. T. C. Young, Professor of Pathology in the California Eclectic College, gives briefly the pathology of the specimen submitted to him for examination as "a destruction of the normal glandular and connective tissue, its replacement by scar or cicatricial tissue with a proliferation in this of embryonal and adult lymphatic tissue." Whether the process followed Minelli's view of a primary proliferation of the normal lymphatic cells of the parts, their gradual replacement by connective tissue, with a later mechanical destruction of normal glandular tissue, he was unable to say.

Treatment: The treatment of these cases has thus far, at least in Dr. Freedman's case, been brilliantly unsuccessful. According to the pathology the disease should be self-limited through increase of connective tissue, and such will probably be the eventual outcome in this case if the Doctor will stop whittling at it and give it a chance. While internal medication should always be tried, and may succeed in an occasional case even of unknown origin, its chances of success are of course better in cases where the history points to a probable or definite cause, such as Syphilis, Tuberculosis, Bacterial infection, etc., in which event the specific treatment for the cause is indicated. The following remedies have been tried in this case: Phytolacca, Lappa, Echinacea, Potassium Iodide, Mercury and Arsenic. There are other remedies that might be thought of by an Eclectic and should be faithfully tried if the opportunity presents. However, in my opinion, the only rational treatment is surgical, and that is only indicated in the true type and aleukaemic variety, and should be confined to simple excision of the tumor masses for the relief of pressure symptoms or of impaired functions of contiguous organs.

CHEMISTRY IN PRACTICE**Wm. Carey Bailey, M. D., Los Angeles**

(Read before the Los Angeles County Eclectic Medical Society.)

There is a tendency on the part of the average physician, as soon as he enters the active practice, to "kick down the ladder by which he did ascend," and to neglect, as non-essential those more or less abstract sciences which were very essential to his education. Especially is this true of chemistry, and more emphatically the so-called abstract principles of chemistry.

Possibly a few more than half of the practicing physicians today make their own urinalyses, a few less can analyze the stomach contents, but how few there are who can analyze the various foods on which the babies are failing to thrive, or know the reason why they administer any remedy, except that it has been successful in the hands of some brother physician. Such practice instead of being according to "indication" on which a good Eclectic relies, is as empirical as "following the precedents" which has so long been the arbitrary routine of the "old school."

This neglect of fundamentals has even invaded the sacred precincts of those who determine the course of study necessary to obtain the right to practice, and they have for years decreed that only a small portion of the entire course shall be spent in the study of elementary and inorganic chemistry, and the major portion to organic chemistry and superficial investigation of the highly complex compounds and processes which but few can undertake and still fewer understand. As well expect a great mathematician to be ground out by a few months study of addition, subtraction, division and multiplication, and several years playing with trigonometry and occasional playing with logarithms.

In the two years' course in medical chemistry, one full year should be devoted to elementary and inorganic chemistry, and during the second year fully one-half of the time should be spent in studying the principles of organic chemistry before complex analyses is undertaken or toxicology even touched. Laboratory work should accompany the entire course and the fundamental principles reviewed constantly during the advanced studies. A student who has followed such an outline faithfully will be able to undertake any necessary analysis that may come before him whether or no, he has ever made the identical experiment.

It is as fully the duty of the physician to maintain health as it is to restore it, and unless he understands the fundamental principles of life and health which are chemical, he cannot grasp the significance of the remedies with which he attempts to restore health or prolong life. It has been the intelligent recognition of these principles which has led to the development of the Eclectic School with its rational system of medication as contrasted to the drastic drugging and mineralization of only a few years ago.

An Oriental sage, before the days of Hippocrates, said: "Help Nature and work on with her, and she will regard thee as one of her Creators, and will lay bare before thee the secrets of her virgin bosom." Eclecticism has followed this process, and as a result has made more advance in the healing art during the last half century than has been made in all previous history by the devotees of Aesculapius.

Anyone familiar with the history of Eclecticism will readily acknowledge our indebtedness in times past and present to our noted chemists, and we would be at a loss today for the very tools with which to work were it not for the investigations and practical provings of such as Scudder and Lloyd.

Following this practical application of the principles of chemistry, Eclectic remedies today come perfectly under the title of foods, rather than under the head of drugs or poisons. Take the classic definitions and see if this is not the case. "A food is any substance which when taken into the body will yield energy, build tissue, or prevent the destruction of tissue, **without injury to the organism.**" If Eclectic remedies will not fit this definition, it will be hard to find anything which does. "A poison is any substance which if introduced into the organism will impair its functions or produce death by means other than mechanical." By closely analyzing these definitions it will be observed that many substances may be either food or poison according as they are used, and failure to recognize this fact gives the doctor lots of work. But where remedies are properly administered according to the Eclectic system of "indications" they are true "foods" and not drugs or poisons.

Health has been described as the condition in which there is a perfect balance of all the vital forces in the functioning of the organism. It is this same perfect balance of the forces of nature which forever keeps the "universe singing the music of the spheres."

The maintenance of this balance is essentially a chemical process, and it can always be figured eventually on the basis

of the familiar chemical rule of procedure or chemical equation. The substance to be tested plus the reagent equals the proof plus the by-products. So we have the analogous equation: The organism plus food (medicine) equals health (growth) plus the waste. It is by the analysis of this waste that the physician can diagnose the failure of any of the first three members of the equation. Herein comes the great value of chemistry both as an aid to accurate diagnosis, and indicator of proper medication or food.

The upbuilding process of animal life is principally a process of oxidation, the waste products, perspiration, expired air, urine, feces, etc. being the products of reduction. The upbuilding of vegetable life is largely a reverse of this process, being the product of reduction, and the waste products being oxidized. Here again is seen the perfect chemical balance of nature, especially when we note the fact that "oxidation and reduction are always coincident and equal." Here is illustrated the necessity of the physician paying more attention to the vegetable life and its bearing upon the health of the community.

When we consider that the upbuilding of the human organism is a process of chemical oxidation, and that oxidation and digestion are practically synonymous terms, and then consider the electro-chemic relation of oxidation, another wide field opens for practical application. As oxidation consists of increasing the electro-negative constituents of a compound with a corresponding decrease of the electro-positive constituents, and reduction being the reverse, an immediate hint is given as to the proper use of electricity as a healing agent. Electro-therapeutics will have a steadily increasing importance if its chemical nature is better understood.

Along this same line the influence of food or medication upon the temperature of the body is interesting as we consider the difference in the speed of oxidation. Decay is **slow** oxidation without the evolution of **appreciable** light and heat; combustion (fire) is **rapid** oxidation with the evolution of appreciable light and heat. Moral: Don't overload the furnace with readily oxidized food or you will have a hot time of it. Fermentation is oxidation of carbo-hydrates aided by the presence of catalytic enzymes; putrefaction is a similar process with proteins or substances containing nitrogen and sometimes sulphur and phosphorus. What a hint is here found when the nose must be used as a diagnosing instrument. What a difference there is between the "sour" odor of the eructations of the youngster who is burning up from too much indulgence

in candy, and the terrific effluvia of ammonia, phosphureted hydrogen or carbon-disulphi given off after a debauch on high meats, over-ripe eggs, or ancient frijoles.

While oxidation may properly be considered one of the most important of chemical forces to study in relation to health and alimentation there is another one of the very first laws which should not be forgotten in our "advanced learning." The major portion of growth of the organism is the result of metabolism through the oxidation process, yet there is some development and increase by direct absorption or assimilation. To be absorbed the food must be soluble in the fluids (tissues) of the body. How many doctors remember almost the first rule they learned in elementary chemistry that "when by the mixture of any two soluble compounds an insoluble compound can be formed, it will be formed;" and then give an alcoholic stimulant after a feeding of albuminous substance, or apply silver nitrate to a surface on which there is an excess of chlorides. Did any of you ever see the baby almost bust because it had a sour stomach and you gave it an alkaline carbonate, when you should have given lime water or magnesium hydroxid? You would not if you had remembered the early days when you learned that "when by the mixture of any two substances a volatile compound can be formed it generally will be formed, and the process is augmented by the presence of moisture and heat."

Hundreds more of illustrations could be used, but this is sufficient to give a hint of the importance of elementary things and the necessity of the physician remembering the first he ever learned.

Get the fundamental principles of elementary chemistry fixed in your mind and the complex phases of organic chemistry will take care of themselves.

VAGINITIS, COLPITIS OR ELYTRITIS

G. A. Angus, M. D., Omaha, Nebr.

Vaginitis, colpitis or elytritis, is an inflammation of the mucous membrane of the vagina. The mucous membrane of the vagina closely resembles the structure of the skin, having few, if any, submucous glands. It consists of connective tissue surmounted by papillae covered with several layers of squamous epithelium. A longitudinal ridge is formed upon the anterior wall, from which rugae, or folds, like the teeth of a comb, extend upon each side. This formation is less distinct

upon the posterior wall. The central projections are known as the anterior and posterior columns. The former generally terminates below, in a rounded protuberance, called the vaginal tubercle, situated immediately above the meatus urinarius. Sometimes the anterior column is divided by a furrow into two portions. The rugae aid in promoting sexual excitement, and probably contribute to vaginal enlargement during pregnancy. They disappear toward the upper part of the canal. The vagina receives its vascular supply through the vaginal, uterine, internal pudic, and vesical arteries—branches of the anterior division of the internal iliac. The vagina is surrounded by a venous network or plexus, which communicates with those of the vulva, bladder, rectum, uterus, and broad ligament, and finally empties into the internal iliac veins.

The lymphatics of the lower fourth communicate with the superficial lymphatic glands; those of the upper three-fourths, with the internal iliac glands.

The nerves are derived from the sympathetic, and from upon each side of the vagina a plexus which communicates with the inferior hypogastric.

The arrangement of the epithelium and the absence of glands render the vagina much less vulnerable to infection than is either the uterus or vulva.

We have already referred to the normal secretions of the genital tract. I distinguish between the physiologic and pathologic secretions of the vagina. The former is markedly acid, dependent upon the presence of a bacillus which produces lactic acid. The later may be feeble acid, neutral or alkaline, and contain a variety of micro-organisms saprophytic and pathogenic. Probably fifty per cent of pregnant women have this pathologic secretion in which germs flourish, and from which auto-infection is possible. The demonstration of the truth of this assertion greatly simplifies the study of the process of infection.

The vaginal discharge becomes alkaline during the menstrual period, during the puerperium, and in many cases of leukorrhoea—a condition which is more favorable for the growth of micro-organisms and the infection of the genital tract.

Kronig's investigations were confined to pregnant and puerperal women, and consequently are not a proper subject for consideration under gynecology further than to note the conclusion that the distinction between the physiologic and pathologic secretions is not determinable. I assert that all secretions alike contain no pathogenic germs. All secretions

are equally germicidal, though the vitality of the germ differs. It takes twice the time to kill the staphylococcus that it does to destroy the streptococcus. The vagina infected with germs will become aseptic in two or three days. The cause of this bactericidal power is as yet undetermined. It is not chemic, because it occurs whether the secretion is faintly or strongly acid; it is not believed to be due to a special bacillus although some micro-organisms are known to be antagonistic to others. If it results from leukocytes, it must be due to properties independent of their contractile power, for the action continues after their subjections to a heat which would destroy the latter. The want of oxygen in the vagina will not explain it, for the staphylococci and streptococci are anaerobic and yet are killed. It is not mechanical, because particles of carbon and mercury are removed much more slowly. Possibly all these factors may unite to establish germicidal action. Kronig presents a very important practical observation, which is that a solution of corrosive sublimate for irrigation destroys the germicidal action, probably by precipitation of albumen while plain water but lessens it. A necessary inference is that prophylactic injections of corrosive sublimate are prejudicial when the secretion is normal. Upon investigations in the nonpuerperal, introduced pyogenic micro-organisms into the vagina in eight women, and found that the vagina cleansed itself from these organisms in periods varying from two and one-half hours to three days. The factors which compass this germicidal action are various forms of bacteria and their products, and acid secretions, possibly serum action, and the absence of oxygen. This activity is weak in infants and is lessened by menstruation and increased secretion from either the cervix or the uterus, or even from the vagina. It is decreased when the vulva is patulous or the uterus prolapsed and at the menopause. Attention has been directed to the influence of change of pabulum in restoring the lost virulence of micro-organisms. I inoculated the streptococcus into the ear of a rabbit without unfavorable results, unless the ear was ligatured to lessen tissue resistance, when a vaginal streptococcus became as virulent as those found in puerperal fever. It is possible that an innocuous streptococcus may thus be restored by the tissues during the puerperium, and similarly in gynecologic operations in which there is bruising of all the tissues, as in the enucleation of fibroids.

VARIETIES: Vaginitis may be divided into simple and specific (gonorrheal). The latter is exceedingly important because of its intractability and its tendency to extend. The distinction between acute and chronic is merely one of degree.

Specific varieties named are emphysematous, exfoliative, dysenteric, phlegmonous, diphtheric, and senile, but these are unnecessary distinctions.

The etiology and pathology have undergone some consideration in our discussion of the action of micro-organisms. Of these, the gonococcus is most important, for upon its discovery will frequently depend the diagnosis. The recognition of its presence in the secretion is diagnostic, but its absence is not an absolute indication that the secretion is not of gonorrheal origin.

PATHOLOGY: In simple vaginitis slight elevations of the mucous membrane occur, producing a granular surface. The granulations are produced by groups of papillae which are infiltrated with small cells; as a consequence, the papillae swell up and push before them the stratified squamous epithelium. Superficial layers are shed. Later, the surface becomes more level, from thinning of the superficial covering. With the vaginitis of pregnancy not infrequently an emphysematous condition of the mucous membrane is associated. A similar condition has been observed following the climacteric. The exfoliative, dysenteric, or diphtheric vaginitis presents localized patches or an inflammation of the whole vagina. In the latter condition the mucous membrane becomes so swollen that it is with difficulty the finger can reach the cervix, which is also thickened and covered with an exudation.

SENILE VAGINITIS: After the menopause the epithelial tissue is desquamated, the papillae atrophy and the raw surface causes obliteration of a large portion of the vagina. The same process can cause occlusion of the cervical canal subsequent to the menopause.

SPECIFIC VAGINITIS: The most important cause of vaginal inflammation is gonorrheal infection, which produces an intractable form of vaginitis, which may continue for months, or even for years. It may extend over the mucous membrane of the uterus to the tubes, ovaries and peritoneum, producing endometritis, salpingitis, pyosalpinx, ovaritis, and pelvic peritonitis.

ETIOLOGY: Vaginitis is produced by gonorrheal infection; irritating discharges from the uterus; the contact of urine or feces through fistulae; vaginal injections, too hot or too cold, or containing injurious chemic agents; badly fittings pessaries; decomposing tampons; efforts to produce abortions or awkward attempts at sexual intercourse; and the exanthemata; and it may complicate typhus, small-pox and scarlet fever. Diphtheric patches have been observed in a number of diseases, particularly in the puerperal state. Localized patches are seen in fistulae, in carcinoma, and

about badly fitting pessaries. The disease is induced by the habits of the patient. The free use of alcohol produces the granular form of the disease. The gouty or rheumatic diathesis is a predisposing cause.

SYMPTOMS: Vaginitis is characterized by a sensation of burning heat, and itching in the vagina; pain in the pelvic floor increased by exercise; frequent desire to evacuate urine, with not infrequently scalding. A profuse mucopurulent leukorrhea soon occurs. These symptoms are present in both the simple and specific varieties. In the latter the disease begins as an acute infection within from twenty-four to forty-eight hours after exposure, with itching of the urethral orifice, increased desire to urinate, a sensation of heat about the vulva, and burning and scalding upon passing urine. Generally, the tenderness and discharge are moderate; occasionally, throbbing is substituted. The distress is increased by walking even by moving the limbs, and by the slightest touch of the finger. The urethral orifice is reddened and slightly swollen, and a drop of thick mucous or muco-pus can be pressed out. After one or two days the entire urethra is exquisitely tender, and the orifice is swollen, intensely red, and bathed with abundant pus. Pus and blood can be extruded from the vagina by pressure over the urethra. The hymen, vestibule and labia become swollen, edematous, and eroded and are covered with infected pus and exudate. At the end of a week the acute symptoms have subsided, the discharge is abundant, and when the parts are neglected they become eczematous and cause a disagreeable odor. The vulva may regain its normal appearance in two weeks, while the discharge may continue for three or four weeks, or even longer. Infection of the vaginal follicles and of the vulvovaginal glands is not infrequent. The inguinal lymphatics become swollen, and may even suppurate. In the early part of the attack the gonococci are present to the exclusion of all other forms of bacteria, but later they may entirely disappear. The disease shows a marked tendency to invade the deeper and more important organs by the continuous mucous membrane.

DIAGNOSIS: Upon separation of the labia a profuse discharge is noticed, covering a reddened, thickened and roughened or granular mucous membrane. The speculum shows the vagina red, swollen, smooth velvety surface from which the rugae have disappeared; or the redness as well as the discharge, may be present in patches. The cervix should be inspected, as the infection generally begins in it. The differential diagnosis between simple and specific vaginitis is often difficult. The history of a distinct infection would be valuable but it is often too delicate a subject for question. It may

be suspected from the sudden onset of the attack, associated with urinary symptoms, a protracted course, and obstinate resistance to treatment. The inflamed urethra and ducts of the vestibule and orifice of Bartholin's ducts, and not infrequently the formation of cysts or abscesses in the ducts or glands with swelling of inguinal glands, afford additional confirmation. The recognition of the gonococcus by culture or by microscopic investigation renders diagnosis certain. The absence of the gonococcus is not proof positive of non-gonorrheal origin, for the gonococcus may disappear from the secretion. Even when the specific origin can be determined beyond peradventure we should be exceedingly cautious in giving expression to our opinion, as it may cause serious social unhappiness. We must not be content with the diagnosis of simple vaginitis but should carefully interrogate the various structures in order to determine if possible its cause. Pelvic abscesses discharging into the vagina have been mistaken for vaginitis.

PROGNOSIS: The ease and rapidity with which vaginitis can be cured will depend upon the cause. The milder can be confined to the external genitalia, or may disappear even after the Fallopian tubes have become affected. In the more severe forms the entire genital tract may be rapidly involved, and portions of the tract may retain the disease and reinfect other portions. The general health is impaired in chronic cases. The ovum, when it can enter, may find the uterus unfitted for its retention or an abortion may result. Pre-existing gonorrhea is said not to disturb the first two weeks of the puerperium, but subsequently there is a marked tendency for the germs to develop renewed virulence and to invade the healthy structure.

TREATMENT: In acute cases the patient should be kept absolutely quiet in bed. Sexual activity should be suspended. The diet should be restricted to nonstimulating articles. Alcoholic stimulants, peppers and various condiments should be interdicted. Saline laxatives are administered, and the patient is encouraged to drink largely of emollient liquids or alkaline waters.

Local applications should consist in alkaline douches and in a saturated solution of boric acid in hot water, given from fifteen to twenty minutes out of every two or three hours during the day, and every four while the patient is recumbent at night. The ordinary fountain syringe serves well, or a piece of rubber tubing weighted at one end and provided with a clip and nozzle at the other. The weighted end, with the

coiled tube is placed in a basin of water above the level of the bed, the clamp applied and the end of the tube withdrawn and introduced into the vagina. The clip opened, the water is siphoned out as long as the external end is kept below the level of the basin. As the acute symptoms subside, give douches of solutions of sublimate (1:4000), potassium permanganate (1:4000), carbolic acid, lysol, or creoline every three hours for two weeks; after which, give double the strength four times daily. The dry treatment consists in cleansing the surface by a douche or by washing the vagina through a speculum; after which, dry and pack with borated or idoform cotton, and repeat every eight hours until the secretion is checked, when it is given twice daily. A dry absorbent dressing must be applied to the vagina every two hours.

Astringent douches are substituted in chronic cases and after the subsidence of the acute stage. Cleanse and dry the vaginal walls and paint with silver nitrate solution followed by a tampon saturated with a solution of bismuth in glycerin, which keeps the walls separated. Fritsch recommends zinc chlorid.

A one per cent solution of lead acetate zinc sulphate, or alum sulphate, potassium permanganate (1:2000), or painting the surface with undiluted tincture of iodine are serviceable. Acceptable powders are equal parts tannin and iodoform, and bismuth subnitrate and chalk, retained with a tampon. In senile vaginitis cleanse with a saturated boric acid solution. Tampons may be saturated with a 0.5 per cent solution of lead acetate, or strips of lint may be saturated in a five per cent solution of carbolic acid in glycerin or smeared with a zinc ointment. Vaginal suppositories of tannin and iodoform, each five per cent, may be employed. When the condition is very chronic, spray through a speculum with a two per cent solution of silver nitrate. The spray drives the medicine into the crypts and folds, and is more effective than swabbing. I have derived more benefit from tampons anointed with ichthyol in lanolin (1:4). It causes a desquamation of the entire epithelium of the vagina and is destructive to the gonococcus.

UTERINE HEMORRHAGE.—INFECTED TEETH AS ONE OF ITS CAUSES

A. S. Tuchler, M. D., San Francisco, Cal.

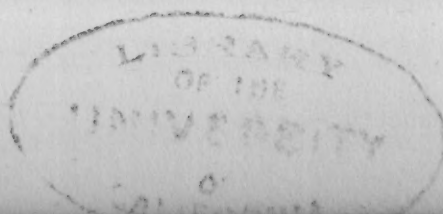
The presence of a focus of infection always constitutes a lowered resistance to the causative infecting organism, otherwise the local infection could not exist. This focus of infec-

tion may be found anywhere in the body or in the cavities thereof. No matter where located, the reflex effect on the sympathetic nervous system is such as to make of the sufferer a nervous wreck.

Orificial surgery has accomplished much to help these sufferers. It has cured the insane so that they once more became useful citizens. The neurasthenic and the hypochondriac also felt the benign influence from this method of treatment.

The mouth is the one cavity of the body which has heretofore been neglected by the doctor in looking for these reflexes. If the teeth have or are giving any trouble, the case is referred to the dentist in an off-handed manner without any serious consideration by the attending physician, that this may probably be the cause of the reflex irritation of the sympathetic. There is more suffering from alveolar abscesses or infection from pyorrhea without either being recognized as being the cause of not alone of the pains in the head but of other reflex symptoms than one can imagine. At the present time, Emetine and alcresta ipecac have been lauded as specifics against the entomba, buccalis. This organism has been found in the mouth when pyorrhea is present, as well as in the chronic intestinal diarrheas of tropical countries. But in this disease of the teeth, there is also pus secretion from pockets which are found on the surface of the teeth below the gums and also from cystic abscess around the roots of the teeth. The absorption of this pus secretion poisons the blood and is therefore the cause of a loss of appetite, of weight and impaired vitality. No amount of emetine, alcresta ipecac nor vaccines will be of much avail until these respective sources of infection have been removed. The administration of the above remedies will only be of a temporary benefit unless this is done. The absorption from this nidus of infection prevents the patient from making any headway in a curative sense unless this infective process is eliminated. While this is being accomplished, it is here then where the vaccines come in to help clear the blood of the infecting organism. It therefore acts as a tonic and stimulant. The streptococcus or strepto-pneumococcus or colon bacilli group of organisms are the most common constituents of these pus pockets and alveolar abscesses.

It is therefore necessary to make use of the combined vaccines containing these organisms. It makes no difference whether this infection is from the mouth, the kidney as in pyelitis, appendicitis, or the organs of the pelvic cavity, or from anywhere else in the body, this bacterial infection will be the cause of a general and chronic debilitated condition of



the system. It will therefore interfere with the regularity or normal function of any organ of the body. Should the organs of the pelvic cavity be below par, then these will suffer on account of this general devitalized condition.

The following observations will better illustrate the above robust and blessed with a good appetite, bowels regular. These deductions:

Mrs. C., age 30, multipara; family history good, always was necessary qualities for the enjoyment of health gradually became negative, bowels constipated, and a loss of weight and strength in consequence. A distressing leucorrhea set in and a copious monthly hemorrhagic flow now manifested itself, and which soon changed to a bimonthly occurrence. The uterus was curetted and a cervical tear repaired. This did not improve matters much, so the intra-uterine positive electrolysis was given for some time with a little better success. Headache and neuralgia were persistent and concomitant symptoms, however. X-ray examination of the teeth disclosed several alveolar abscesses. These teeth were removed and the cavities curetted. The lady also received the combined vaccines so as to neutralize the infection from her teeth as well as from the uterine trouble. In a short time there was a pronounced gain in weight and a normal function of the bowels. The pains in the head were non est and the uterine function now became regular and painless.

These vaccines contain in 1 cubic centimeter or about sixteen minims, 100,000,000 streptococcus, 100,000,000 pneumococcus, 200,000,000 of each of the staphylococcus aureus, albus and citreus, and 200,000,000 colon bacilli. Of this she received hypo-dermically in the arm three minims. Four days later five minims were injected and this gradually increased every four or five days until 16 minims were given every seven days. There was a slight inflammatory reaction following each inoculation. This reaction depends on the amount of toxemia contained in the blood. Three minims may cause but little redness and swelling at the sight of the injection in some, while in others it will be the cause of so much pain and soreness of the whole body and perhaps also chills and fever from two to three days to about ten days. However, this inoculation can be then gradually increased in amount when these symptoms wear away, so that when the full dosage of 1 cubic centimeter is given, hardly any reaction will be noticed.

THE NAME "PODOPHYLLIN"

John Uri Lloyd, Phar. M., Cincinnati, Ohio.

The Name Podophyllin.—Dr. John King, 1835, supposing the substance he had discovered to be a true resin, named it **Resin of Podophyllum**. But when it finally crept into general use, this title seemed, to others, too cumbersome. Consequently the first commercial lots of Resin of Podophyllum, placed on the market (1847) in one-ounce vials, were under the terse name "Podophyllin." This name was bitterly assailed by Dr. Squibb and Professor Proctor, on the ground that the substance was a true **resin**. Their argument has since been shown to be incorrect, because "Resin of Podophyllum" is **not a resin**.

Had the advice of Dr. King been taken, the **definite** resins would alone have been called **resins**; the **oleo-resins** would have been called oleo-resins, and the alkaloids would have been called alkaloids, their names terminating with the syllable "ine," or "ia," whilst dried extracts would have been called **extracts, dried**. But the care of Dr. King and his systematic co-laborers was not effectual in controlling either the nomenclature or the composition of the many incongruous substances that, in rapid succession, between 1847 and 1860, were, by manufacturers of plant preparations, thrown on the American drug market under the titles "Alkaloids" and "Resinoids."

SURGICAL SUGGESTIONS

Severe neuralgic pain over the bridge of the nose indicates pressure on the anterior ethmoidal nerve probably due to a high deviation of the nasal septum.—American Journal of Surgery.

Many a distressing frontal headache may be relieved by reducing the hypertrophy of a middle turbinate, preferably by streaking with trichloroacetic acid.—American Journal of Surgery.

The healing of a mastoid wound is often hastened by fewer dressings and allowing Nature to do her part in the reparative process.—American Journal of Surgery.

A peritonsillar abscess as a rule is more painful than serious. But one should not forget that patients have died of suffocation and that erosion of a vessel may take place in the wall of the cavity and cause death.—American Journal of Surgery.

A severe sore feeling in the throat is frequently complained of by nervous individuals. Close inspection will show numerous fine white spots surrounded by a red areola—herpes.—American Journal of Surgery.

Employing specific mangifera and tiger lily, which tone and

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

O. C. WELBOURN, A.M., M.D.

Editor

D. MACLEAN, M.D.
Associate Editor

P. M. WELBOURN, A.B., M.D.
Assistant Editor

SPECIAL CONTRIBUTORS:

JOHN URI LLOYD, Phr. M., Cincinnati, Ohio.

J. W. FYFE, M. D., Saugatuck, Conn.

WM. P. BEST, M. D., Indianapolis, Ind.

FINLEY ELLINGWOOD, M. D., Chicago, Ill.

PITTS EDWIN HOWES, M. D., Boston, Mass.

HARVEY W. FELTER, M. D., Cincinnati, Ohio.

J. B. MITCHELL, M. D., San Francisco.

A. F. STEPHENS, M. D. St. Louis, Mo.

Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE CALIFORNIA ECLECTIC MEDICAL COLLEGE CLOSES

Under existing circumstances (and it is not necessary to mention then in detail at the present time) The California Eclectical Medical College decided to close its doors. It has labored under a heavy handicap for several years, but the friends of the college hoped that conditions would improve and the school be enabled to continue. After patient waiting and using every available resource the obstacles were found to be insuperable.

As a result the trustees of the college met and passed a resolution to close the school "as expeditiously and economically as possible," which has been done.

J. A. MUNK, M. D., Dean.

ANNOUNCEMENT OF THE C. E. M. JOURNAL

Owing to the closing of the California Eclectic Medical College this Journal has been left without an owner. Upon the expressed wish of its special contributors the editor has consented to assume the additional burden of its financial support. No particular changes are contemplated at this time, and the Journal hopes for the continual moral and financial help of its many friends.

AVERAGE SKILL

In medical jurisprudence there is a well known axiom that the skill required of a medical practitioner shall be equal to the average skill of the medical men who practice in his locality. The limiting word locality apparently being used in order to determine the standard of comparison for the matter in hand for each separate instance. However, speaking broadly, the average skill of medical practitioners remains the same over the entire country. In our personal experience as a consultant we have observed no difference in the quality of the work done in city as compared to that done in the country. One is as good as the other, and both are uniformly good. Every man has his limitations, but the nature or extent of these is not indicated by his location. Assuming, therefore, that the average skill of medical practitioners throughout the country is on a certain plane, any diagnostic procedure or therapeutic agent which is above or below this plane will be used by but comparatively few men and its field of application is self limited. The average man is not interested in it and oblivion is its portion. For example, we have the Wright opsonic index, a scientific theory and exact technic, which fell down because so few men could follow the rules, and when they did the value of the information did not equal the value of labor involved. On the other hand we have the X-Ray, a marvelous force with many alleged fields of usefulness, but which has come to stay because the average man can use it to his advantage in his fracture cases. Each year many interesting and apparently scientific discoveries are presented to the profession for its approval, but few of them live past the second summer. The average practitioner can not use them in his work and that is the end of them. The acid test of usefulness at once reveals the dross. How rare indeed is the pure gold. We take one hundred steps forward and slip back ninety-nine of them.

We sometimes marvel at the willingness of the average practitioner to keep trying the output of the vagaries of the self-acclaimed scientist, upon his best friends, i. e., patients. Doubtless the practice of medicine is making progress, but it is more to be compared to that of a tortoise than to that of a hare.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York,

president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. M. Cleaver, M.D., Los Angeles.

NONSURGICAL TREATMENT OF ENDOMETRITIS

M. E. Eastman, M. D., Weaverville, Cal.

In considering this disease a short description of the uterine endometrium will be taken up in reference to its uses and structure.

The internal os is the natural line of demarcation between the cervical canal and the uterine cavity. Technically speaking, the membrane lining the cavity of the uterus is termed the "corporal" endometrium, but to avoid confusion of terms, whenever endometritis is used throughout this paper it will refer to the lining membrane of the uterus.

The endometrium lines the entire cavity of the uterus and extends, modified, into the Fallopian tubes. It is firmly attached to the muscular structure of the uterus by stroma of connective tissue. Between and attached to these bands of connective tissue are innumerable lymphoid cells. At the menstrual period there is a great increase in the number of these lymphoid cells in the mucosa; an exfoliation of the epithelium covering the membrane and a rupture of the lymph follicles and blood capillaries. This exfoliation of epithelium is limited to the endometrium. When the menstrual epoch is passed the ruptured capillaries heal; the epithelium is replaced by new and the excess of lymphoid cells are absorbed. When there is any interference with this natural process of breaking down of tissue and its repair, there will result a pathological condition; and, as a usual occurrence, terminates in some form of—

Endometritis.—Which is an inflammation of the uterine endometrium; and the causes thereof are many and varied.

Etiology.—In the histories of cases of endometritis we find the frequent causes of the disease to be abortions, frequent child-bearing, gonorrhea, tuberculosis, retroversion, retroflex-

ion, excessive sexual intercourse, constipation, introduction and retention of any foreign or irritating substance within the uterine cavity, and general constitutional debility.

The stages of the disease may be classified as acute, subacute and chronic. Under these headings you will be able to classify any form of endometritis that will come under your observation. Many authors give a name to the pathological condition that is found, but this is not a correct way of doing, as it does not convey the picture it should, when endeavoring to understand the stages of a disease.

The acute stage is rarely encountered owing to the short duration of its existence, and as it seldom causes the patient discomfort, the physician is not called upon to prescribe any line of treatment for it.

The chronic form is the one usually met with in the cases that present themselves to the physician for treatment. The length of chronicity may be from a few weeks to several years. The average patient seldom presents herself for treatment until her general health is undermined or else is disgusted with the odor from the discharge or its profuseness.

The endometritis due to frequent child-bearing, frequent sexual indulgence, abortion, retroflexion and retroversion and constipation present, on the average, a similarity of symptoms and the pathology about the same in each case.

There is first a hyperplastic condition of the tissues due to a defective uterine circulation of the venous blood, together with a dilatation of the intervening capillaries. The inner tissues are swollen and in time become hypertrophied; the lymph cells that have not been absorbed. The inner surface of the uterine walls are roughened and serrated, nodular, papulous and spongy. After the disease has progressed for some time there will be found a considerable degree of thickness of the uterine walls, and a greater or lesser degree of weeping of the tissue of a serous or sanguinous character. In the more serious cases you will find the discharge streaming from the cervical canal, ropy and tenacious and of a gelatinous consistency.

Tubercular endometritis is always a chronic condition, except in the rare miliary form. These cases present a picture on the endometrium of yellow nodules under the surface of the mucosa. If the disease is advanced the mucosa will be found to be broken down and shallow ulcerated areas appear. When the general history and condition of the patient leads you to suspect a tubercular state do not hesitate to have a microscopical examinaion made of the scrapings of the uterine cavity.

The gonorrheal variety can most invariably be traced to a previous inoculation. Your patient will give a history of pain in one or both of the ovarian regions; a departure from the normal menstrual function; if there has never been any pain at these periods there will be now, the flow will probably be increased and the number of days of flowing be increased; between periods there will be considerable discharge varying in color from yellowish streaked with blood to a greenish, and generally of offensive odor. The cervix will be found with a large os, patulous, red and excoriated. The patients are tired, weary, worn out and generally debilitated.

The usual procedure in the way of treatment of all cases of endometritis adopted by the majority of the medical profession, if surgically inclined, has been and is to do a curettement. If not doing surgery or opposed to it in these cases, he will make an application to the cavity of the uterus of a solution of iodine, nitrate of silver, phenol, or pack the cavity with gauze saturated in iodoform, echinacea, or whatever comes to his mind. The physician desires to cure the trouble and thus satisfy the patient and himself, but he has experienced so many dismal failures along this line that he is willing to use any means or measures that promise any degree of success. He paints the cervix with iodine and phenol solution, fills the vagina with a cotton or wool tampon saturated in boro-glyceride, prescribes vaginal douches and has the patient reutrn on the third day for another round.

Now, do not understand me to condemn each and every one of the means employed in the treatment of this class of cases that I have mentioned, for I know that oftentimes very good results will follow the use of some one of these medications, as also will be the case in performing a curettement, but what I do find fault with is the uncertainty of results of a permanent nature in the line of treatment outlined. You are not able to confidently assure the patient that within a given time she will be cured of her ailment, provided she will follow your instructions. As a consequence of this uncertainty of cure, many, many women resort to patent medicines. The literature that accompanies this class of medicines contain promise that are glowing and statements made in a convincing manner, and testimonials from a good many like-sufferers who have been cured. Now, don't blame the women nor the vendors of patent medicines. The women desire to get well, the manufacturer desires to make money out of his product. One has the money and the other the "only remedy for her trouble." The physician most invariably has the first show to get the money and

cure the patient. Do well your work and the patent medicine man loses a patron. Should the results not be satisfactory, you will be the one to lose a patron.

In the following outlined treatment the uncertainty is done away with. You get good results. The patient knows she is getting better. You are able to talk to your people with confidence and assurance, and the more cases you have to treat the more confident you will become.

Treatment: Should consist of internal medication and treatment directly to the affected organ. The internal medication should be such as to meet the requirements of each case, yet as a foundation or basis of treatment for all forms of endometritis do not fail to include Lloyd's mangifera indica and tiger lily in four-drop doses, three or four times daily.

The nervous phenomena and circulatory disturbances may be successfully met with the several remedies at our command, and the ones you will find most useful are pulsatilla, macrotys, helonias, viburnum prunifolium, viburnum opulus, hyoscyamus, cannabis indica, cactus grandiflora, senecio and scutellaria.

If you should suspect an anemic condition be sure and have your diagnosis verified with a microscopic examination of the blood and a differential corpuscle count. When an anemia does exist, meet it by giving Burroughs, Wellcome and Company's Bland with arsenic and strychnia, one tabloid three times daily, one hour before meals with a glass of water. Continue this line for one month and then substitute a solution of specific phosphorus and cuprum for a month and then return to the Bland compound. Continue this medication until the anemia is corrected. Make your blood count on an average of every two weeks, so as to know how much progress you are making in the quality of the blood stream.

It has been my experience in treating cases of endometritis that there will exist a complicating misplacement of the uterus either forward or backward, the latter most commonly. Unless conditions are such as to necessitate an immediate correction of the trouble, I pay no particular attention to the displacement until I find that the general line of treatment that is being employed does not overcome the abnormal position of the organ.

If the disease is one of long standing, there will also be found an involvement of either one or both ovaries and Fallopian tubes. These appendages should always be carefully examined before beginning or outlining the treatment of each

case and keep their condition in mind throughout the treatment.

The mode of direct treatment to the uterine body for the correction of endometritis will be some form of the galvanic electric current. After having determined that you have a case of endometritis and the patient has decided to undertake your line of treatment to get well, place her upon your surgical chair or table in the dorsal position. See that all dress bands are loosened and the corset removed. Have your chair or table close enough to the battery case for the length of the conducting cords. See that the machine is in working order before making your connections with the patient. Have your instruments, such as proper-sized speculum, dressing forceps, electrodes, sounds and applicators sterilized and within easy reach of your hand. When everything is in readiness for beginning treatment, place the patient's feet in the stirrups and pull the buttocks well forward to the edge of the chair or table. Cover the knees and thighs with a sterile sheet or towel, and use a few safety pins to keep them in position. Place a large, wetted pad, connected with the negative pole of the machine, on the abdomen or sacrum, depending whether you have a retroversion or retroflexion to correct; if either, place the pad on the abdomen; if an anterior displacement, see that the pad is on the sacrum. Now introduce the vaginal speculum and open the blades sufficiently to get a presented cervix. Clean out the vault with cotton or gauze of all accumulations. Select a tipped copper electrode of the proper size and introduce into the uterine cavity. Then connect with the positive pole of the battery and turn on the current through the rheostat until at least fifty milliamperes are registered, unless this amount is beyond the tolerance of the patient, when in such cases use only to tolerance each treatment until a stronger current strength can be used. The first seance should not be longer than seven minutes, and if there is much soreness and the patient somewhat nervous, five minutes will be long enough. Gradually extend the length of each treatment until you are using ten-minute seances. Give the treatments three times weekly until there is a decided improvement in the health of the individual, when they can be given only twice a week, and later on only once a week. By this time the lady should be practically well. By making a note of the depth of the uterus at the first treatment you can see from time to time how much progress is being made. Remember to turn on your current gradually and do the same when turning the current off.

Where you have a complication of a displacement, and be-

fore disconnecting your electrodes and removing them, change your current to the slowly interrupted secondary and use to tolerance for from five to ten minutes. This will gradually tone up the muscular structure of the uterus and assist greatly in getting it back to a normal position. After two weeks of treatment, if you find the organ still in an abnormal position, replace it before the beginning of a treatment, unless, of course, you should find adhesions that are holding the uterus. In such instances only surgical interference will enable you to correct the displacement.

When the electrodes are removed again wipe out the vaginal vault and insert a strip of sterile gauze through the cervical canal into the uterine cavity; saturate a tampon of cotton or lamb's wool in a solution of ichthyol, calendula and hydrastis in the following proportions: *R* Colorless hydrastis, non-alcoholic calendula, glycerine, aa one ounce; ichthyol, one-half ounce. Leave this tampon in for from twelve to twenty-four hours, and at the time of its removal have the patient take a vaginal douche of two quarts of hot water, of 105 to 110 degrees of heat, and repeat again in twelve hours. This tampon will help wonderfully in preventing sexual intercourse.

Between times of treatment instruct the patient to avoid all sexual intercourse. See that she is familiar with the laws of hygiene and diet. In case of a retro-displacement have her assume the knee-chest position for five or ten minutes, night and morning. Again, at the time of your first examination do not fail to find out if there exists a tight rectal muscle. If there is one do not fail to dilate it at the first opportunity, as by so doing you will wake up the sympathetic nerve supply in this region and produce a beneficial effect toward a cure. Many of the nervous phenomenon that have been annoying to the patient will vanish like magic. Cease giving the treatments during the menstrual epoch. Relieve any constipation that may exist with graduated doses of the following: *R* Aromatic cascara sagrada, two ounces; fluid extract hydrastis, two drachms; fluid extract berberis, aqua, four drachms; glycerine, q. s. ad, four ounces. Mix. sig.: Begin with one teaspoonful at night; increase or decrease the dose as may be needed to procure one or two free bowel movements a day.

Philosophy of the Treatment: In conclusion I will briefly discuss the whys and wherefores of the treatment outlined in this paper. In short, we have a hyperplasia of tissue, deficient lymphatic action, poor circulation, relaxation of muscular tissue, a serous or sanguinous discharge from the uterine

walls, and oftentimes an abnormal position of the uterus that needs to be corrected.

The weakened muscular structures will be righted by employing specific mangifera and tiger lily, which tone and contract the uterine tissues. This action is carried further along with the use of the positive pole of the galvanic current. In addition to this action it increases the absorbing power of the tissues; through the phoretic action any bacteria in the field are also destroyed; the nervous structures of the pelvis are toned and energized. The interrupted secondary current wakes up the debilitated muscles, gives them increased tone and action, put new life into them, as it were. The destruction of bacteria is due to the copper salts that are thrown into the tissues from the positive pole.

The douches advised are mostly to be considered as a matter of hygiene, though by having the water at 105 or 110 degrees of heat there will be some hydropathic benefit derived. The medicated tampons act in two ways. While in place, there will be less likelihood of indulgence in sexual matters. The medicant has some tonic and healing action, and also assists in reducing the size of the uterus by extracting water and lymph from the tissues with which it comes in contact.

From six weeks to four months will be required to complete a cure. The results will be satisfactory to you and the patient. The character of the work will be the means of bringing other patients suffering from similar troubles to your office, as a consequence, put more money in your pockets.

Medical philanthropy is, no doubt, a very honorable and glorious calling, but in this day and age, when every city and county provides for the care and treatment of the persons who are unable to pay their way, I see no reason for one doctor competing with another in the securing of dead-beat patients. If you want to work for nothing, just make it known to that extent instead of giving these patients the idea that you are working for money.—N. E. M. A. Quarterly.

NEW JERSEY STATE ECLECTIC MEDICAL SOCIETY

The forty-first annual meeting of the New Jersey State Eclectic Medical Society was held at the "Arcade," in Newark, N. J., on Wednesday, May 26th, 1915.

The president, Dr. C. E. Potter, called the meeting to order at 11 a. m.

The roll was called and both Dr. Chas. J. Massinger and Dr. John J. Mohrbacher, vice-president and treasurer of the

Society, respectively, were absent, presumably owing to the weather, which that day was decidedly against any traveling.

The minutes of the last meeting were read and approved.

The secretary read several communications, from Dr. V. Conover of Elmer, N. J., Dr. P. D. Borden of Paterson, N. J., who had to go to Atlantic City on account of his health; Dr. F. B. Harris of Canton, N. J., Dr. Eli G. Jones, who moved from Burlington, N. J., to Buffalo, N. Y.; and last, but not least, that of Prof. Max Meyer of New York, who regretted his inability to attend our meeting.

The secretary further reported on his work since his election and standing membership of the Society, that is now acquiring new energy, new life.

Dr. Potter, the president, addressed the meeting, briefly outlining the history of our State Society, pointing out especially the need of reviving all those Eclectic physicians in our state who have been dormant, practically "dead" to our cause.

The secretary proposed to membership Dr. Philip R. George and Dr. Arthur Newman of Paterson, N. J. They were both unanimously elected.

Dr. Kitchen moved that Dr. Ella Cameron be nominated an honorary member of our Society, Dr. Liva seconded the motion. Carried.

A very pleasant visitor was Dr. M. B. Pearlstien of Brooklyn, N. Y., who deeply interested the meeting by a thorough discussion on the present movement to repeal the law forbidding physicians to control birth rate. He spoke very much against the method proposed by eminent doctors of New York, which consists in public lectures on the subject and permitting the retail druggists to dispense drugs to that effect.

His discussion met the consensus of opinion of the meeting and the general approval.

We extend a hearty thanks to Dr. Pearlstien for having taken the pains to come and entertain us on such an important subject.

Dr. Mary Willis spoke very interestingly on Synovitis and her remedies used in such cases, especially libradol, iodex, etc. Also on sloughing and the great results obtained by the use of the Eclectic Wash.

Dr. Liva reports clinical experience on 43 cases of typhoid fever, their treatment and results obtained. The doctor had three deaths out of the 43 cases, and these occurred for major reasons. His treatment was eminently specific, nothing else used but specific medicines.

Specific Medicine Echinacea (then Subculoyd Echinaeea was not available), was used hypodermially in four particular cases all positive Widal, and all the four cases proved abortive ones, ending within the eighth and twelfth day, uneventful speedy recovery.

He spoke also on the use of Eclectic Wash in three cases of gangrenous legs, which were considered only operative cases by several hospitals. These cases have fully recovered and are now doing well.

Dr. Liva moved that Dr. V. Conover of Elmer, N. J., be appointed State Delegate to the National Convention, to be held in San Francisco, Cal., June 15-18, 1915.

Dr. Kitchen seconded the motion. Carried.

Dr. Kitchen moved that the present officers be reconfirmed for another year. Dr. Massinger seconded the motion. Unanimously carried.

Dr. Willis moved that the next meeting be held at 100 Halsey Street, Newark, N. J., on October 26th, 1915.

Notices will be later sent to all members, specifying time and order of exercises.

On motion by Dr. Liva, the meeting adjourned.

Signed ARCANGELO LIVA, M. D.,

Secretary,

328 Valley Brook Ave.,

Lyndhurst, N. J.

N. B.—All correspondence, membership applications, remittances of dues, etc., should be addressed to the secretary, in order to receive prompt attention.

NEWS ITEMS

Dr. Archer of Glendale is spending his vacation on a camping trip. His destination is Inyo County.

The July meeting of the Los Angeles County Eclectic Medical Society was unusually well attended.

Dr. Lee Strouse of Covington, Kentucky, is touring Southern California before returning home. He appears to be having a good time while doing so.

Dr. Fullmer recently has had an interesting case at the Westlake Hospital. The patient fell downstairs, causing various bruises and an elbow injury. An X-Ray examination revealed a fracture of the head of the radius with a dislocation of a fragment. It was necessary to remove the fragment.

Dr. and Mrs. W. A. Harvey, San Francisco, were in Los

Angeles for a few days last month when they combined business and pleasure.

In the July World appeared an interesting editorial concerning the dispensing of medicines.

The National meeting of The Elks was held in Los Angeles in July when a number of our Eclectic friends had a gay time.

The California Board of Medical Examiners met in Los Angeles during the week beginning July 12th. There were 84 applicants for written examination, but it remains to be seen how many will be successful. There were a number of Eclectic applicants.

The International Peace Congress will meet in San Francisco, October 10, 11 and 12. The purpose is to "find a safe way out of the dangers of militarism and a sure escape from the ravages of war."

All physicians are supposed to have a license for the dispensing of narcotic drug as ordered by the Harrison Narcotic Law. A recent ruling says that if a physician has an office and also uses his home for seeing patients he shall have a license for each place.

Dr. and Mrs. B. N. Childs of Santa Maria were in town on their way to the San Diego Exposition. Incidentally, he expects to get warm again. The Doctor owns a Sanitorium and is otherwise prosperous.

Dr. C. N. Mosher sends his renewal to the Journal. Dr. Mosher is located at 404 Spurgeon Building, Santa Ana, where he went after passing the California Board last December. He says he likes the city, and has proved his intention of becoming a permanent resident by investing in a home and a Ford.

Dr. M. Blanche Bolton, San Pedro, is on a vacation of six weeks' duration and is touring Southern California in her new Buick, which she recently purchased.

Dr. E. R. Petskey has returned to his home in Durango, Mexico, after spending several weeks in Los Angeles because of a badly infected finger.

Dr. Ford Scudder has moved his office from the College Building to No. 702 E. Seventh Street, where he will be glad to see his patients and friends. Home phone F1919.

CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	\$1.00	\$.90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

We have data, prices and full information for your immediate convenience.

SHERMAN'S Bacterine VACCINE

BANNERMAN'S SOLUTION

for Anemic Conditions

PARAGON X-RAY PLATES

X-Ray Tubes, for Any Type Apparatus, Accessories

Laboratory Glassware

ELASTIC Hosiery, Supporters, to Order

Pacific Surgical Mfg. Co.,

319 WEST SIXTH ST.

F-2495

Main 2959

Is the Heart Flagging?

Is it losing its power and becoming irregular and weak? If so,

CACTINA PILLETS

are indication and one every hour or two will quickly correct arrhythmia, impart tone to the heart muscle and restore efficiency to the whole cardiac mechanism.

Samples on Request

SULTAN DRUG CO.,

St. Louis, Mo.

Hospital and Physicians' Supplies

Special prices given to physicians for hospital or office practice on Pharmaceuticals.

DEPOT FOR LLOYDS' SPECIFIC MEDICINES

at best discounts. Mail orders solicited.

DICKINSON DRUG CO.

Formerly Dean Drug Co.

Third and Main

Los Angeles, Cal.

THE BOOK YOU SHOULD BUY

"DEFINITE MEDICATION"

Contains therapeutic facts gleaned from forty years' practice, by Eli G. Jones, M.D., a physician of national reputation and a well-known contributor to medical journals.

It gives the doctor the best there is in medicine for his patients. It is the record of a successful physician, and tells the story how he cured his patients.

It tells you how to prescribe for the sick intelligently, rapidly, and successfully. No matter what school of medicine you belong to, you will need this book on your desk for daily reference.

It is the foe of medical nihilism, for it teaches the definite action of remedies upon certain abnormal conditions. It gives clear cut indications for each remedy. It is a new departure in medical therapeutics. A physician who is ambitious to do things in his profession will need this book.

"DEFINITE MEDICATION" contains about 300 pages of practical instruction, and is sold at \$2.50 prepaid.

Published by

THE THERAPEUTIC PUBLISHING COMPANY, Inc.

703 Washington Street, Dorchester District, Boston,

Send the above \$2.50 for a copy today. It will pay you.

SANMETTO FOR GENITO-URINARY DISEASES.

A Vitalizing Tonic to the Reproductive System.

**Specially Valuable in Prostatic Troubles of Old Men—Irritable Bladder—
Cystitis—Urethritis—Pre-Senility.**

SOOTHING — RELIEVING — RESTORING.

DOSE:—One Teaspoonful Four Times a Day.

OD OHEM. CO., NEW YORK.

Beware of the so-called Elixir Compounds claiming to be "the same thing" or "just as good" if you do not wish to be disappointed.

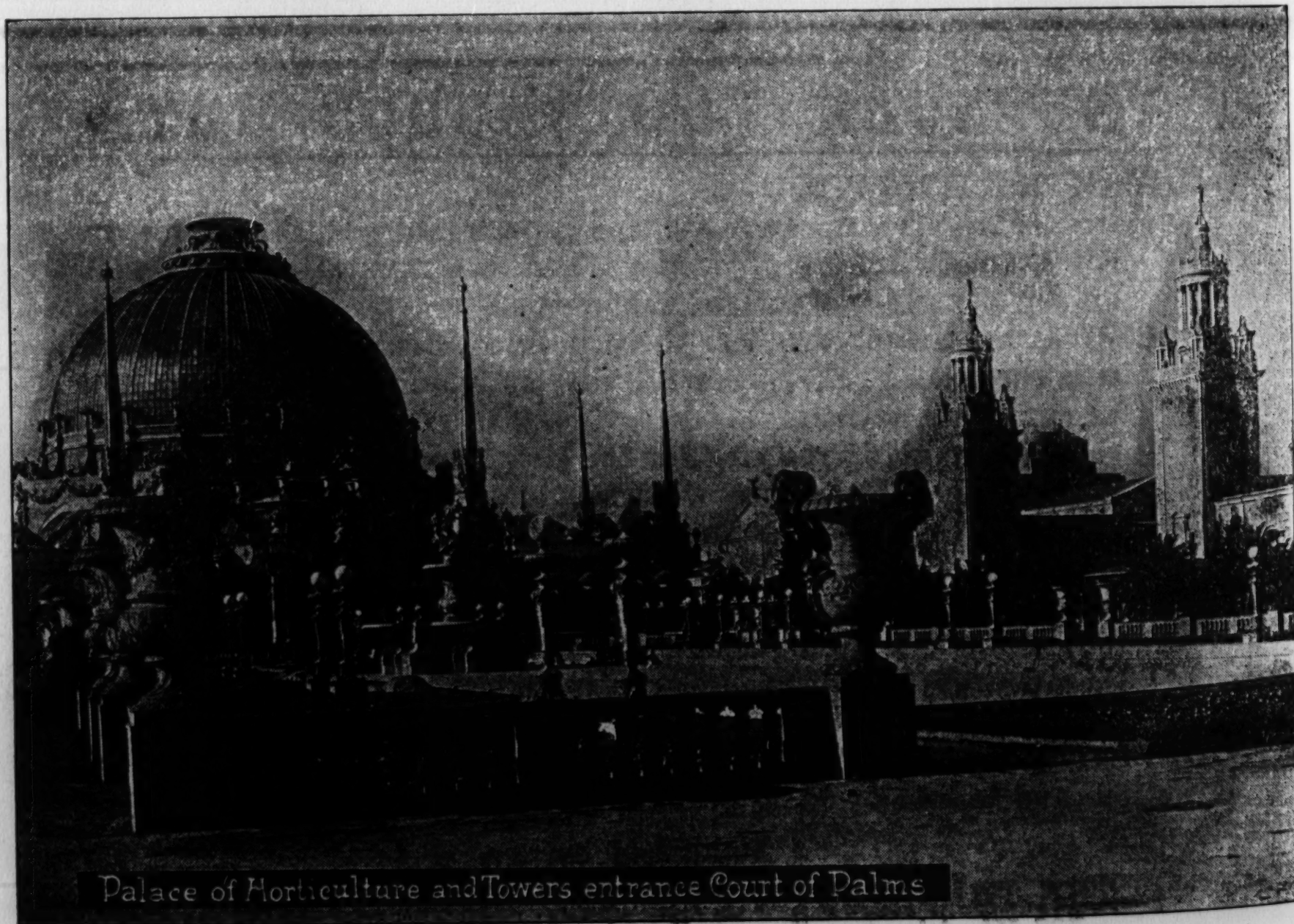


NEURILLA FOR NERVE DISORDERS NEURILLA

If Patient suffers from **THE BLUES** (Nerve Exhaustion), Nervous Insomnia, Nervous Headache, Irritability or General Nervousness, give four times a day one teaspoonful **NEURILLA** →

Prepared from Scutellaria Lateriflora,
Passiflora Incarnata and Aromatics.

DAD CHEMICAL COMPANY, NEW YORK AND PARIS.



Palace of Horticulture and Towers entrance Court of Palms

TRADE MARK **ZEMATOL** FOR ECZEMA

A few unsolicited opinions from those who have used Zematol:

Please send me at once $\frac{1}{2}$ -lb. Zematol. Do not delay as I have several cases of eczema under treatment with Zematol and it is doing the work splendidly. I must have it at once as I need it. Dr. Joseph N. Davis, Laclede, Kan.

I find Zematol the best preparation I have ever used for itching piles. Dr. D. J. Tucker, Gordonville, Texas.

Gentlemen: Recently a small patch of Eczema, which has bothered me more or less for years, began to trouble me, and I found Zematol the very best application I have ever used. It relieved the itching immediately and under its use the skin has become smooth again. L. C. Cox, M. D., San Francisco, Calif.

ZEMATOL TABLETS

SUGAR COATED—RED

Zematol Tablets contain Gold Chloride, Calcium Sulphide, Ichthyol, Echinacea, with other efficient remedies. By the use of Zematol Tablets in conjunction with Zematol the patient receives constitutional as well as local treatment, and not only is the cure made more quickly but the tendency of Eczema to recur is rendered more remote.

PRICES TO PHYSICIANS:

ZEMATOL—Ounces: Per doz. \$2.00. Bulk: $\frac{1}{4}$ -lb. 60c.; $\frac{1}{2}$ -lb. \$1.10; 1 lb. \$2.00; 5 lb. bulk, \$7.50.

ZEMATOL TABLETS—Per 500, \$1.10; per 1000, \$2.00.

Sent prepaid on receipt of price.

CHICAGO PHARMACAL CO.

141 KINZIE STREET - - CHICAGO, ILL.

Our 144 page Catalogue of Pharmaceuticals mailed upon Application.

Are You a Member of the National?

If not, you ought to be a member of your State and National Eclectic Medical Association.

Do you know that the NATIONAL has a right to your influence and help in strengthening its organization?

Membership includes a subscription to the official journal, THE QUARTERLY, containing all papers, proceedings and discussions, editorials and current news. It puts you in fraternal touch with the best men in our school.

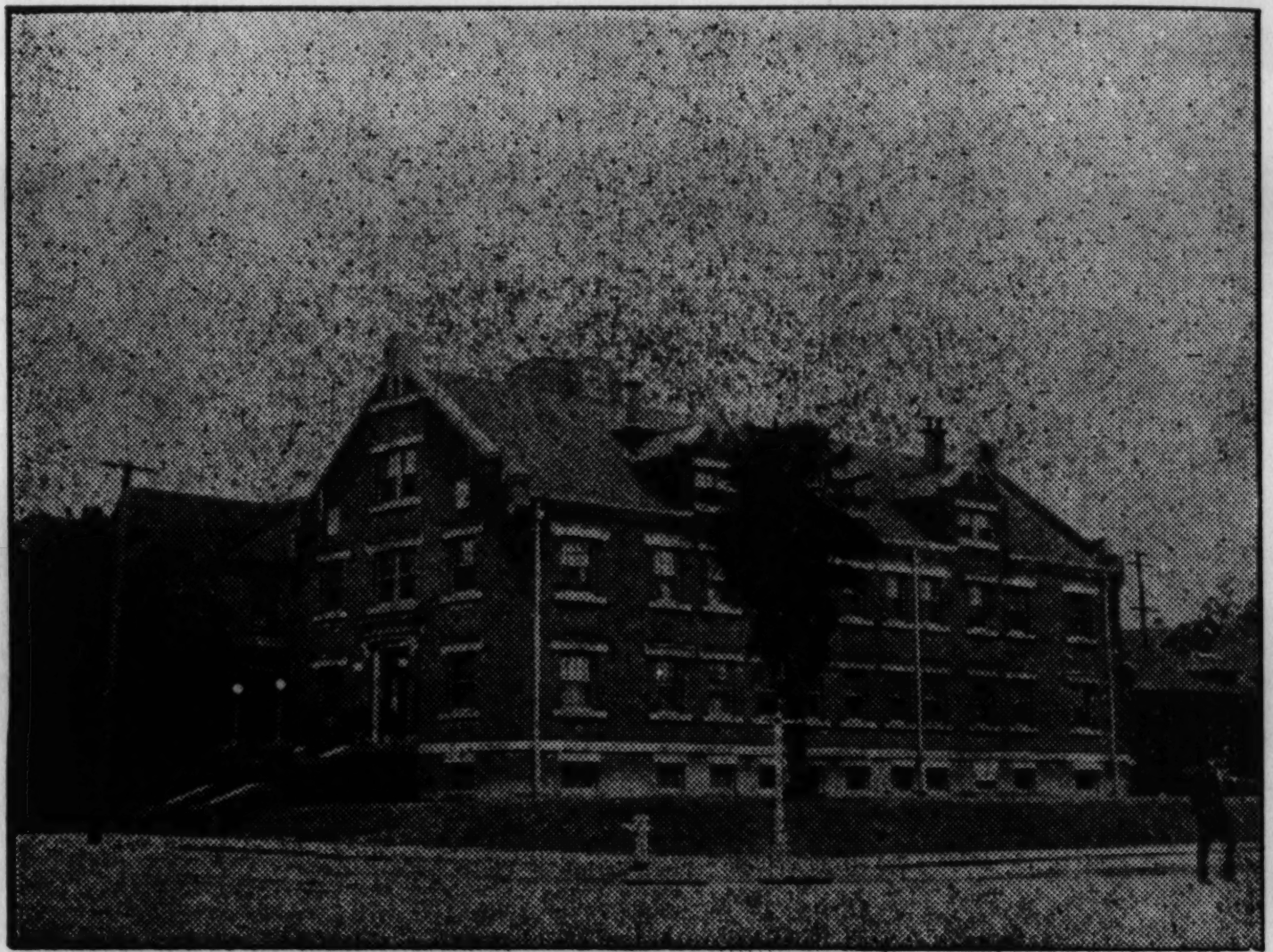
Send now for application blank and sample QUARTERLY to

Wm. N. Mundy, M. D., Editor

Forest, Ohio

— THE —

Westlake Hospital



Corner Orange and Alvarado Sts., Los Angeles, Calif.

This Hospital is located in the best residence section of Los Angeles. The building is new and absolutely **FIREPROOF**.

Operating rooms, equipment, furnishings and service are most complete and the best procurable. **Mental and contagious diseases are not admitted.**

None but **GRADUATE REGISTERED** nurses are in attendance.

Every courtesy is given physicians desiring to attend their own patients.

Table of Contents

ORIGINAL CONTRIBUTIONS:

	PAGE
Miculicz's Disease.....J. F. Barbrick, M. D.	187
Chemistry in Practice.....W. C. Bailey, M. D.	191
Vaginitis, Colpitis, or Elytritis.....G. A. Angus, M. D.	194
Uterine Hemorrhage—Infected Teeth as One of Its Causes.....A. S. Tuchler, M. D.	200
The Name "Podophyllin".....J. U. Lloyd	203

EDITORIALS:

The California Eclectic Medical College Closes.....	204
Announcement of the C. E. M. Journal.....	204
Average Skill	205

SELECTION

Nonsurgical Treatment of Endometritis.....	206
--	-----

SOCITIES:

New Jersey State Eclectic Medical Society.....	212
--	-----

NEWS ITEMS	214
------------------	-----


Index to Advertisers

American Apothecaries Co.....x	Katharmon Chemical Co.....III
Antiphlogistine, Denver Chem. Co...I	Kress & Owen Co.....v
Battle & Co.v, ix	Lloyd Bros.II
Bovinine Companyvii	L. A. Eclectic Polyclinic.....vi
Bristol-Myers Co.vii	National Wm. N. Mundy Editor...xv
California Eclectic College.....vi	Od Chemical Co.....xiii
Chicago Pharmacal Co.....xiv	Pacific Surgical Mfg Co.....xvi
Dad Chemical Co.....xiii	Parke, Davis & Co.....Cover 1
Davis Magazinev	Ralph Sanitariumviii
Eclectic Booksvii	Sultan Drug Co.....vii
Eclectic Reviewix	San Diego Exposition.....x
Ell Lilly & CompanyCover 2	San Francisco Exposition.....xi
Fellows Co.Cover 4	Therapeutic Pub. Co.....xii
John B. Daniel.....iv	Westlake HospitalIII

SYRUPUS HYPOPHOSPHITUM FELLOWS

**One of the most efficient, most
complete, and best all-round
Tonics in the Materia Medica!**

**For four and a half decades its reputation
has been constantly increasing!**

Reject  **Cheap and Inefficient Substitutes
Preparations "Just as Good"**